

Aging Division

Wyoming Department of Health

Information and Education Bulletin

Subject: Understanding Client Outcomes

Continually we are reminded that our Programs are expected to adhere to and embrace evidence-based practice. The foundation of evidence-based practices is client outcomes. The decision to implement an evidence-based practice is based on its ability to help clients achieve the highest rates of positive outcomes. Collecting and using client outcome data improves organizational performance.

Why? **Data Drives Dollars...** If we can't prove that our funding is having a far reaching effect, we are in jeopardy of losing that funding. If funds are the lifeblood of an organization, then information is its intelligence. At the policy and systems level, the Government Performance and Results Act of 1993 requires that all federal agencies measure the results of their programs and restructure their management practice to improve these results. Aging Division programs must also comply with this requirement. With federal funding shrinking, funders are now looking at how the funding changed outcomes and made a positive impact more than ever before. Studies have shown that an outcome orientation of managers leads to increased service effectiveness (Gowdy & Rapp, 1989). In particular, human service providers are under increasing pressure to demonstrate that their programs work. As stakeholders demand accountability, providers are turning to performance measurement as a way of demonstrating the efficiency, quality, and effectiveness of their programs.

Client outcomes are the bottom-line for services, like profit is in business. The service provided IS NOT the outcome. The outcome is the effect that the client experienced because the service was provided. We can think of it like a **Cause and Effect**. Service = Cause, Effect = Outcome.

What are client outcomes?

Client outcomes are those aspects of clients' lives that we seek to improve or to manage successfully through the delivery of services. It's the impact that the service has on that client. Some outcomes are the direct result of an intervention, such as getting a job through participation in a vocational program, whereas others are indirect, such as improvements in quality of life due to having a job. Some outcomes are concrete and observable, such as the number of days worked in a month, whereas others are subjective and private, such as satisfaction with vocational services.

In Aging, this could translate to several things. For instance, the cause may be “We serve nutritious Home Delivered Meals that contain the recommended dietary intake of needed nutrients”. The effect may be “As a result, our clients are able to maintain their health and independent living status”.

Serving the meal is not the outcome, or the effect.

Outcome Measurement

An outcome must be able to be measured. If you indicate that the outcome is that the client “maintains their health”, can you measure this? If you indicate that the outcome is that the client “maintains an independent living status”, can you measure this? Measuring their independent living status is probably much more direct than measuring their health, but if you have a baseline in their health, measuring the change in that baseline can be accomplished. Measurement is how we “Prove It” when we are challenged on the effectiveness of a program.

Programs have services. Services have impact. Impact is measured.

I hope this makes outcome measurement, and why it is so important, a little clearer.

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